

Medical Notes in Parliament.

National Insurance Amending Bill.—Dr. Addison, on March 1st, formally introduced the National Health Insurance Bill "to amend the Acts relating to National Health Insurance." It was backed by Mr. Muoro (Secretary for Scotland) and by Mr. Macpherson (Chief Secretary for Ireland), and ordered to be printed. The main provisions were stated in the SUPPLEMENT of January 24th, page 20.

Insurance Administration.—In reply to Mr. Charles Edwards, Dr. Addison said, on February 24th, that in response to representations received from a large number of approved societies he hoped at a very early date to introduce a bill to revise the present scales of insurance benefits and contributions, and this would make it possible to increase the amount for administration.

Infectious Diseases at British Ports.—In reply to a question by Lieut.-Colonel Raw, Dr. Addison, on February 26th, said detailed consideration was being given to the danger of the introduction of infectious diseases through the ports of this country in view of the widespread prevalence of small-pox, typhus, and of other epidemic diseases abroad. Special arrangements have been made with the Foreign Office and the Colonial Office whereby periodical and continuous information was received and appropriate action taken. A weekly bulletin was forwarded from the Ministry to the medical officers of health of the Port Sanitary Authorities in this country, and special bulletins when occasion required. The powers at present possessed by Port Sanitary Authorities were inadequate. Regulations would shortly be issued with the object of obtaining a greater security against the introduction of infectious diseases in this country from abroad and of increasing the efficiency of Port Sanitary Administration, and arrangements had been made with the Treasury for the provision of special financial assistance.

The Welsh Board of Health.—Dr. Addison, on February 26th, informed Mr. A. T. Davies that the Welsh Board of Health did not include a woman representative. An increase in its membership was being considered, and the point referred to would be borne in mind.

The Training of the Blind.—Dr. Addison, in reply to Mr. R. Young, on February 25th, said it was not possible to give figures as to the expenditure of the Poor Law authorities on the training of the blind, as no separate record was kept by the authorities. On March 1st Mr. Lloyd George said that the Minister of Health was giving special consideration to the matter of the training of the blind, in consultation with the Advisory Committee on the Blind, and it was hoped that some satisfactory steps might be taken in the near future to deal practically with the matter.

Morphine, Morphine Salts, and Opium.—In a written reply to Mr. Gilbert, on February 24th, Mr. Bridgman stated that the quantity of morphine and morphine salts registered as exported from the United Kingdom in the year 1919 was 322,970 oz., of which 121,474 oz. went to the United States. The records show that no morphine and morphine salts were exported to Japan. No particulars were available with regard to consignments by post. The quantities of opium registered as imported in the United Kingdom during 1919 from British India, Persia, and Turkey respectively were as follows: British India, 466,475 lb.; Persia, 30,558 lb.; Turkey (European), 204,956 lb.; Turkey (Asiatic), 133,157 lb.

Naval Medical Service Promotions.—Sir Watson Cheyne asked the First Lord of the Admiralty, on February 25th, if he was aware that the proportion of surgeon captains to surgeon commanders was 1 to 19, of paymaster captains to paymaster commanders was 1 to 11, of engineer captains to engineer commanders 1 to 9, and of executive captains to executive commanders 5 to 9; and whether he realized that this point was a serious matter for the Naval Medical Service and might markedly increase the difficulty of recruiting for that service; and whether any steps were being taken to remedy this disparity between the various branches of the service and at least to place the surgeon captains on the same basis as the paymaster and engineer captains. Dr. Macnamara gave a written reply as follows: "The proportions are approximately as stated, though the proportion of surgeon captains to surgeon commanders is more correctly 1 to 17.4. At the present time, however, there is a considerable surplus in the number of surgeon commanders and a shortage in the junior ranks, so that normally the proportion of surgeon commanders would be very much less. The question of the number of higher ranks in the Naval Medical Service has been under consideration, and it has been decided to increase the number of surgeon rear admirals to 6, and the number of surgeon captains to 16, excluding one officer specially promoted to that rank for service during the war. The numbers will be further considered as necessity arises, dependent in all cases on the requirements of the Naval Service. It may be pointed out that the conditions of service of medical officers in the Royal Navy have been very appreciably improved as a result of the recommendations of the Jerram-Halsey Committee, as not only have the rates of pay been increased but the period of service for promotion from

surgeon lieutenant to surgeon lieutenant commander has been reduced from eight years to six years and similarly that for promotion from surgeon lieutenant commander to surgeon commander, a reduction of four years in all. The earlier advancement to surgeon commander thus authorized has increased the apparent disparity of numbers of the higher ranks."

Naval Officers' Income Tax.—Mr. Long, replying to several questions on February 25th, said it was considered by the Government that there was no justification for treating naval officers in the matter of income tax differently from the rest of the community, and it was therefore decided that tax at the ordinary civilian rate should be charged as from the beginning of the ensuing financial year. The rates of pay approved were substantially those recommended by the Halsey Committee, and were deemed adequate, notwithstanding the Committee's report that any increase in the rate of income tax would necessitate increased scales of pay. Mr. Long demurred to Viscount Curzon's suggestion that owing to the present position of naval officers with regard to income and the withdrawal of children's allowances the increase of pay would all be absorbed.

Officers' Pensions on Continued Service.—Mr. Long, on a question by Rear Admiral Adair, on February 25th, said that a naval officer due to retire during the war, but who was kept on, could count such kept-on time for increase of pension, in accordance with pre-war regulations, if it were to his advantage. Alternatively, he might under the concession recently granted to these officers, as the result of a recommendation of the Officers Pay Committee, receive a bonus of 25 per cent. on his full pay in lieu of counting such kept-on time for increase of pension. Officers retired before the war, on the other hand, were entitled only to receive the bonus of 25 per cent. on their full pay in lieu of counting their service for increase of retired pay. The 25 per cent. bonus was calculated on the full pay of an officer's rank on the retired list and not upon his pension. It was granted in lieu of counting service for increase of retired pay, and was not in the nature of compensation for disturbance.

Disability Partly Due to Military Service.—Sir L. Worthington-Evans, on February 26th, in reply to Captain Loseby, said that in the case of a man suffering from two disabilities, one of which was attributable to or aggravated by service and the other not so attributable or aggravated, pension was awarded in respect of that disability which was connected, either wholly or in part, with military service. In the case of a man who suffered from a disability prior to enlistment, and on or after discharge was found to be suffering from the same disability in an aggravated form, the increase in disablement was considered attributable to military service, and pension was assessed on the total extent of the disability.

Army Officers in India.—In answer to Lieut.-Colonel Brickley, on March 1st, Mr. Churchill said there were in India forty-one officers of the Royal Army Medical Corps whose tour of service had expired. Twenty-four regular officers were under orders for India, and would be employed for the relief of tour-expired officers and towards completing the permanent establishment of the Royal Army Medical Corps in India.

Territorial and Special Reserve Officers R.A.M.C. in Mesopotamia.—Sir Watson Cheyne asked, on March 2nd, whether the War Secretary was aware of the grave discontent among the Special Reserve and Territorial Force officers of the Royal Army Medical Corps in Mesopotamia, owing to the fact that they could not be relieved, some having spent two or even three hot seasons in Mesopotamia without leave, and especially in view of the prospect of having to spend another hot season, and whether steps would be taken to give relief to them. Mr. Churchill replied that some of these officers, in common with the regular Royal Army Medical Corps and the Indian Medical Service, had leave due to them. This was a matter for the local military authorities, but the granting of leave necessarily interfered with the release of officers eligible for demobilization. Regular officers of the Royal Army Medical Corps were being sent out as they became available to replace officers of the Special Reserve and Territorial Force where demobilization had been applied for.

Lunacy Statistics.—Major Baird (Under-Secretary to the Home Office) on March 1st informed Major Wedgwood that on January 1st, 1920, there were in public or private lunatic asylums in England and Wales 96,344 patients (42,294 males and 54,050 females). The total included 3,739 ex-service men classified as "service" patients, and a small number of ex-service men, whose classification as "service" patients the Ministry of Pensions had found themselves unable to sanction, or whose classification as such was pending. There were on the same date 270 persons (males 108, females 162) voluntary boarders in private asylums, but none temporarily detained. Dr. Addison, in reply to Mr. Hurd on March 1st, said there was no legal authority under which boards of guardians should be repaid at least one-half of the actual cost to them of every pauper lunatic maintained in a county asylum. Dr. Addison added, in reply to another question, that in view of contemplated Poor Law reform legislation could not now be undertaken.

The Administration of the King's Fund.—The Minister of Pensions, on February 26th, stated, in answer to Captain Coote, that the total number of grants made from the King's Fund was 36,303 and the payments amounted to £1,137,469 Os. 3d.

The cost of administration did not fall on the fund, but was borne as part of the general administrative expenses of the Pensions Minister. It was estimated at about £35,000, exclusive of an additional administrative expenditure by Local Committees.

Treatment of Syphilis.—On February 24th Mr. Waterson asked a question with regard to the deaths recorded by Colonel L. W. Harrison in his paper on army medical experience of venereal disease during the war, contributed to the Special Clinical and Scientific Meeting of the British Medical Association in London last April, and published in the *Proceedings* of that meeting. (It appeared that there had been 36 deaths among 39,377 cases treated.) Dr. Addison said that a special committee had been appointed by the Medical Research Committee, and that part of its reference was to inquire into the toxic effects of arsenobenzol compounds. Mr. Waterson then made an inquiry with regard to the report of the German Commission, the substance of which we published some time ago. Dr. Addison said that he intended to procure the report, and would consider whether a translation should be made.

Hospitality for Austrian Destitute Orphans.—The Prime Minister, in answer to Mr. Ormsby-Gore on February 26th, stated that a scheme had been submitted by responsible persons to the Home Secretary for bringing a number of Austrian children to the United Kingdom, where they could be placed in suitable surroundings. Subject to the Ministry of Health being satisfied that the proper precautions would be taken to safeguard the health of the people in our own country, the scheme had been approved, and the details were now being worked out in consultation between the Home Office and the Ministry of Health. He understood that large numbers of Austrian children had been sent to other countries, but he had no information as to the arrangements made for their reception. Asked by Sir Clement Kinloch-Cooke if care would be taken to see that there was enough milk to go round, Mr. Lloyd George said that was a consideration that the Health Ministry would take into account.

Insanitary Conditions at Theatres.—In answer to Mr. Jesson, on February 26th, Dr. Addison said he had received communications from the Actors' Association complaining of insanitary conditions in some provincial theatres, and he had told them that if they failed to get such conditions remedied by the local authorities of the district, and would bring the case before him, he would consider whether he could take it up with the local authority.

The Taxation of Invalid Chairs (Motor Driven).—Mr. Maclean asked, on February 26th, whether the revenue authorities were levying a tax on all disabled persons who attached a motor to their invalid chair; and whether, in view of the number of disabled soldiers compelled to use this method of conveyance, the Chancellor of the Exchequer could see his way to exempt them from taxation. Mr. Chamberlain subsequently replied that mechanically-propelled invalid chairs, if used upon the public highway, were liable to motor car licence duty. The whole question of the taxation of mechanically-propelled vehicles was under the consideration of a departmental committee appointed by the Minister of Transport, and a particular point raised must await the report of the committee.

Drunkenness Statistics.—Mr. Shortt, on March 1st, gave the following figures for England and Wales:

	1913.	1914.	1919.
England	177,971	174,451	54,947
Wales	—	—	2,964

The figures for Greater London during the month of January for seven years were:

January, 1914	5,066	January, 1919	1,037
January, 1918	1,015	January, 1920	2,762

Small-pox in Germany.—At the instance of Mr. Lunn, Dr. Addison, on March 1st, gave the following information as to small-pox in Germany: There was an epidemic during 1917 comprising some 3,000 cases, the origin of which was traced to infection brought into Germany by Russian prisoners. During 1918 cases continued to occur, and numbered (so far as his information went) to about 300. In December of that year there was a recrudescence of the disease, and down to the end of 1919 about 4,344 cases had been reported. Of these some 800 occurred at Dresden and about 164 in Danzig. Amongst the other places at which small-pox was prevalent in 1919 were Oppeln (311 cases), Königsberg (88), Stettin (24), Breslau (58), Berlin (25), and Cassel (34), but the number of deaths had not been reported. In 1917 and 1918 there were many foreigners in Germany—prisoners, refugees, and others, including Russians, Poles, Austrians, Italians, Belgians, and French—and it was more than probable that many of these foreigners were unprotected by vaccination. Separate statistics as to Germans and foreigners attacked were not available.

THE book on *The Chamberlens and the Midwifery Forceps*, by the late Dr. Aveling, published in 1881, has become rare. Mr. Alban Doran has recently presented to the Library of the Royal College of Surgeons of England a copy in memory of the late Charles Louis Taylor, Assistant Editor of the BRITISH MEDICAL JOURNAL, from whom he had received it as a gift some years ago.

STATE GRANTS FOR SCIENTIFIC INVESTIGATION.

DEPUTATION TO THE LORD PRESIDENT.

A JOINT deputation from the British Medical Association and the British Science Guild waited upon the Right Hon. A. J. Balfour, Lord President of the Council, at the offices of the Privy Council on March 2nd, to place before him certain considerations with regard to State awards for scientific research. Sir WATSON CHEYNE, Bt., M.P., introduced the deputation, which included Sir Clifford Allbutt, K.C.B. (President of the British Medical Association), Sir Ronald Ross, K.C.B., Professor Benjamin Moore, F.R.S., Mr. E. B. Turner, F.R.C.S., Sir Richard Gregory, F.R.A.S., Dr. R. T. Leiper, Lieut.-Colonel W. A. J. O'Meara, M.Inst.C.E., Dr. D. Sommerville, and Dr. G. C. Anderson, Deputy Medical Secretary of the British Medical Association. The following members of Parliament were present: Sir Philip Magnus, Dr. Nathan Raw, and Dr. W. E. Elliot. Mr. Balfour was accompanied by Sir George Newman, K.C.B., M.D.

Sir WATSON CHEYNE said that the object of the deputation was to bring forward the question of State awards for scientific work after such work had been done. Scientific workers were assisted by scholarships and so forth while doing their work, but after it was done there was at present no provision for them, although, excited by the interest of their investigation, they had often neglected to make any provision for themselves. Moreover, it was the tradition that a scientific man should immediately publish his discoveries, making no attempt to conceal any knowledge in order to secure personal advantage.

Sir CLIFFORD ALLBUTT referred in particular to the conditions under which medical men worked. Those conditions were governed by the very high standard of ethics maintained in the profession. No medical man could have honour in the profession if he descended to any kind of direct or indirect advertisement. No medical man was permitted to take out a patent. The large hospitals no doubt gave a field to the clinical worker which might offer considerable indirect reward, but that did not apply to the research worker, who was rather hidden behind his work. He knew men of very high academic attainments working enthusiastically at research who were declining lucrative appointments in order that they might finish—which they never did, of course—their experimental investigations. It was from such disinterested research—not utilitarian nor aimed at sensational or immediate results—that the greatest benefits accrued to mankind. He himself was chairman for some years of the Scientific Relief Committee of the Royal Society. Mr. Balfour would perhaps be surprised if he were to tell him privately the names of the very distinguished scientists who, or whose representatives, came forward to ask for grants in order to tide over a time of great difficulty. It was desirable to attract a great many more potential workers. The field of comparative pathology, for example, lay untilled; at present it offered no reward, direct or indirect. It would be said that the Treasury must be careful about expenditure, but he feared that the expenditure under this head would not be very great. He was afraid that the highest kind of intellectual research was rather scarce, and consequently the demands for grants would not be so heavy as might be anticipated.

Sir RICHARD GREGORY said that in medicine the great experimental work was rarely done by the successful practitioner or consultant. It was carried out in the research laboratories by men who occupied posts carrying only moderate salaries. There was the further consideration that the highest type of worker—the genius—in medicine or any other department of science was precisely the man who was not amenable to control—the free worker who followed up a cue in some department of knowledge to the willing sacrifice of himself. There should be a fund of some kind for making suitable awards, to be considered as payment for results achieved, and not as grants for favours to come. The scientific worker (he added), unlike the worker in literature or art, could not dispose of his achievement to the public for profit.